

# INJURY/CONDITION INFORMATION

35. Describe in detail the injury/condition that this person sustained. Include a discussion of the body parts affected. **If this is a recurrence, list date of last occurrence.**

36. Identify all persons and organizations used to evaluate and/or treat condition. (Include facility, provider, and address)

37. Describe all procedures, medications, therapy, etc., used/recommended for the treatment of condition:

38. Check any of the following consequences resulting from this injury/condition:

☒ Death. Date of \_\_\_\_\_

c 1 Restriction of work. Total days of restricted activity: \_\_\_\_\_ as of \_\_\_\_\_

c 1 Occupational illness. Date of initial diagnosis: \_\_\_\_\_

c 1 Instructions to obtain prescription medication, or receipt of prescription medication.

☒ Missed a day of work or next shift. Actual days absent from work: \_\_\_\_\_ as of \_\_\_\_\_

☐ Medical treatment. This includes any medical care or treatment beyond "first aid" that is given, or should have been given, regardless of who provided the treatment. "First Aid" treatment is limited to very simple procedures, e.g., application of a **bandaid** on minor scratches, cuts, abrasions, etc.

☐ Transfer to another job or termination of employment.

☐ Hospitalization for treatment as an inpatient.

☐ Multiple treatments or therapy sessions.

☐ Loss of consciousness.

39. If any of the above consequences occurred, the injury/condition is almost always reportable to **FRA** on Form FRA F 6180.55a. If you believe this case does not meet the reporting criteria, you must give a brief explanation below of the basis for this decision. Was the case reported? Yes ☒ No ☒

40. Has this employee been provided an opportunity to review his or her tile?

Yes



No



41. Preparer's Name

42. Preparer's Title

43. Telephone Number

44. Date

**DEPARTMENT OF TRANSPORTATION**  
**FEDERAL RAILROAD ADMINISTRATION (FRA)**

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